FluWatch

Public Health Agency of Canada | Agence de la santé publique du Canada

June 7 to June 20, 2015 (weeks 23 and 24)

Overall Summary

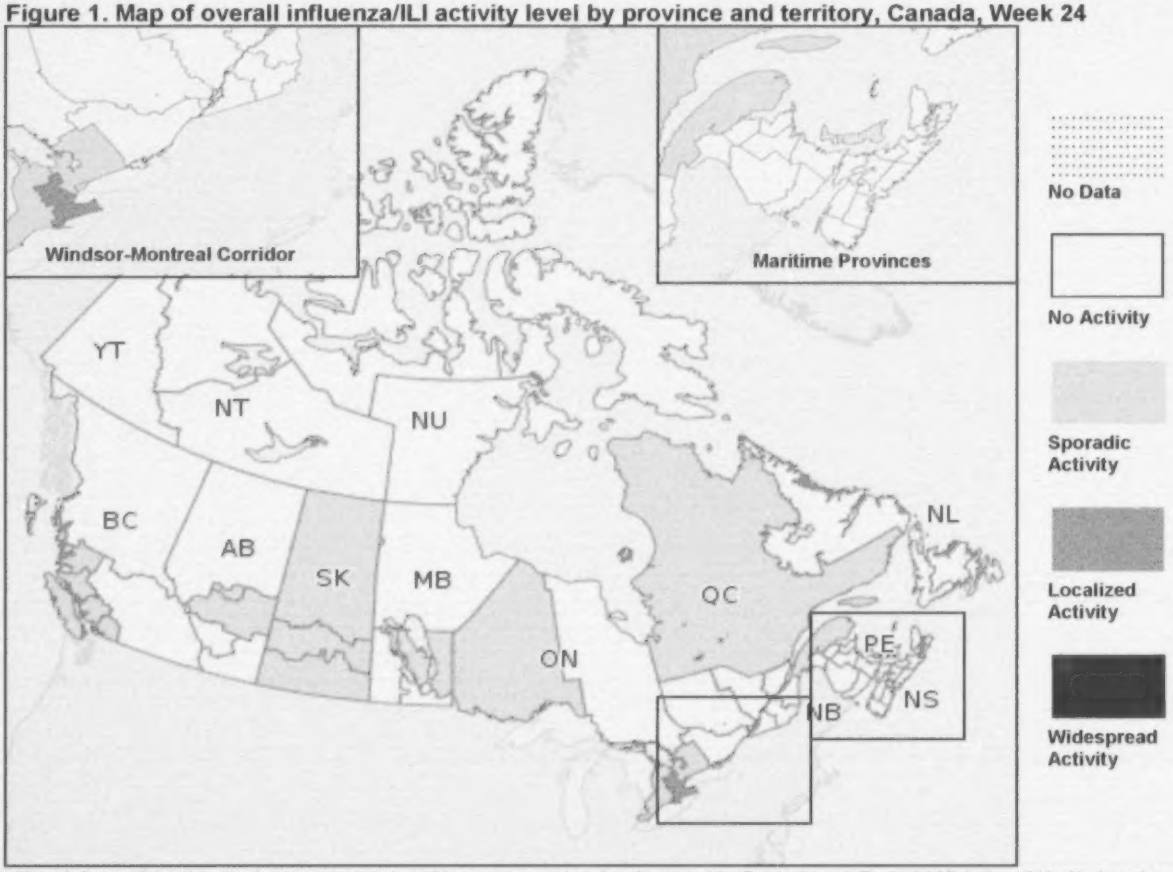
- In weeks 23 and 24, influenza activity in Canada continued to decline and is approaching inter-seasonal levels.
- Most jurisdictions reported sporadic influenza activity and low laboratory detections of influenza.
- As of week 24, 7,784 hospitalizations and 597 deaths have been reported from participating regions, which is more than were reported last year at this time (5,272 hospitalizations and 326 deaths).
- An outbreak of MERS-CoV is ongoing in the Republic of Korea and has resulted in 180 cases and 29 deaths. Contact tracing is ongoing. The risk to Canadians remains low.

Are you a primary health care practitioner (General Practitioner, Nurse Practitioner or Registered Nurse) interested in becoming a FluWatch sentinel for the 2014-15 influenza season? Contact us at FluWatch@phac-aspc.gc.ca

Influenza/ILI Activity (geographic spread)

In week 24, one region in ON reported localized activity. Fifteen regions reported sporadic activity: YK, BC(3), AB(2) SK(3), MB, ON(4) and QC. MB, ON(5), and QC. Overall, there is low influenza/ILI activity in Canada.

Figure 1. Map of overall influenza/ILI activity level by province and territory, Canada, Week 24

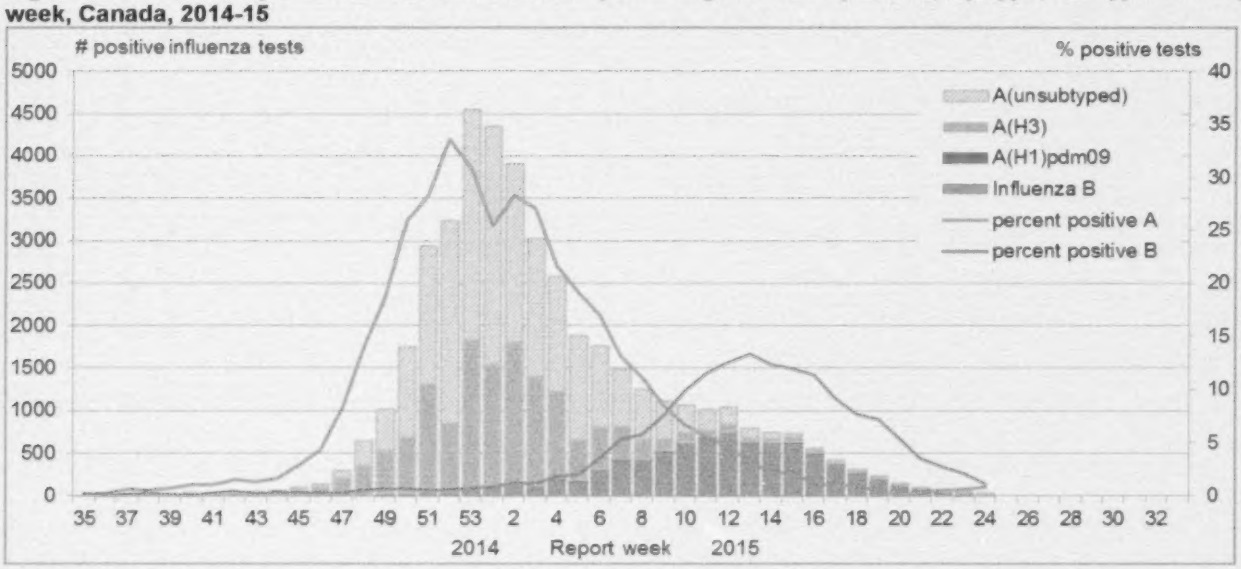


Note: Influenza/ILI activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, based on laboratory confirmations, sentinel ILI rates and reported outbreaks. Please refer to detailed definitions at the end of the report. Maps from previous weeks, including any retrospective updates, are available on the FluWatch website.

Influenza and Other Respiratory Virus Detections

The number of positive influenza tests continued to decline from 56 in week 23 to 30 (1.9% of tests) in week 24. There was a slight increase in the number of influenza A detections in weeks 23 and 24. Most jurisdictions reported low numbers of influenza detections in weeks 23 and 24 (Table 1). To date this season, detailed information on age and type/subtype has been received for 37,376 cases (Table 2). Adults ≥65 years of age have predominantly been affected by influenza A, accounting for 62% of influenza A detections.

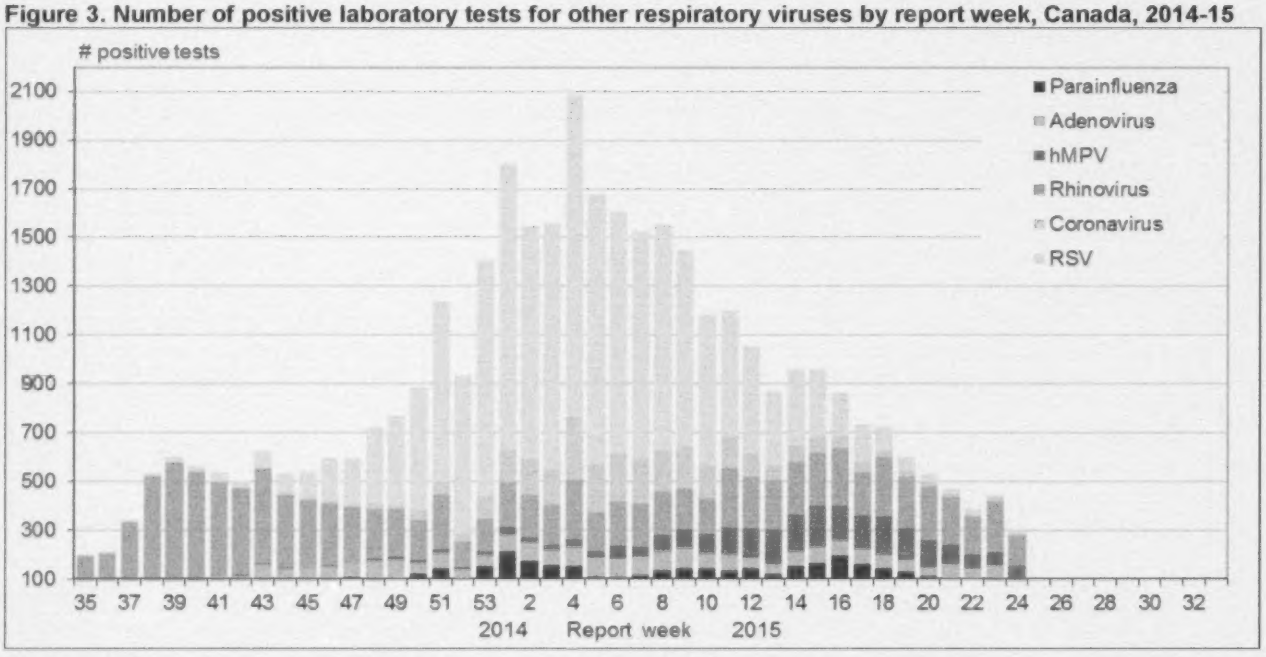
Figure 2. Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2014-15



Detections for all other respiratory viruses have continued to decline and are approaching inter-seasonal levels (figure 3). Detections of human metapneumovirus since week 18 have been higher compared to the same period in the past three seasons

For more details, see the weekly Respiratory Virus Detections in Canada Report.

Figure 3. Number of positive laboratory tests for other respiratory viruses by report week, Canada, 2014-15



RSV: Respiratory syncytial virus; hMPV: Human metapneumovirus

Table 1. Weekly and cumulative numbers of positive influenza specimens by type, subtype and province, Canada, 2014-15

Reporting provinces[1]	Weekly (June 14 to June 20, 2015)					Cumulative (August 24, 2014 to June 20, 2015)				
	Influenza A				B	Influenza A				B
	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total
BC	4	0	0	4	3	3535	28	2633	874	500
AB	1	0	0	1	3	3707	14	3537	156	1003
SK	0	0	0	0	3	1317	0	840	477	401
MB	0	0	0	0	1	1124	1	390	733	227
ON	9	0	8	1	4	11186	51	4728	6407	1549
QC	0	0	0	0	2	11455	4	422	11029	3910
NB	0	0	0	0	0	1195	0	193	1002	536
NS	0	0	0	0	0	511	1	123	387	263
PE	0	0	0	0	0	131	1	128	2	109
NL	0	0	0	0	0	629	0	123	506	79
Canada	**14**	**0**	**8**	**6**	**16**	**34790**	**100**	**13117**	**21573**	**8577**
Percentage[2]	46.7%	0.0%	57.1%	42.9%	53.3%	80.2%	0.3%	37.7%	62.0%	19.8%

Table 2. Weekly and cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting[3], Canada, 2014-15

Age groups (years)	Weekly (June 14 to June 20, 2015)					Cumulative (August 24, 2014 to June 20, 2015)						
	Influenza A				B	Influenza A				B	Influenza A and B	
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	#	%
<5	0	0	0	0	1	2092	22	809	1261	568	2660	7.1%
5-19	0	0	0	0	3	1783	6	956	821	807	2590	6.9%
20-44	1	0	0	1	2	3448	18	1672	1758	1138	4586	12.3%
45-64	3	0	2	1	2	3882	22	1662	2198	1843	5725	15.3%
65+	4	0	1	3	3	18759	13	7293	11453	2929	21688	58.0%
Unknown	0	0	0	0	0	120	0	101	19	7	127	0.3%
Total	8	0	3	5	11	30084	81	12493	17510	7292	37376	100.0%
Percentage[2]	42.1%	0.0%	37.5%	62.5%	57.9%	80.5%	0.3%	41.5%	58.2%	19.5%		

[1] Specimens from NT, YT, and NU are sent to reference laboratories in other provinces. Cumulative data includes updates to previous weeks.
[2] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
[3] Table 2 includes specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Antiviral Resistance

During the 2014-2015 influenza season, the NML has tested 1,798 influenza viruses for resistance to oseltamivir and 1,795 influenza viruses for resistance to zanamivir. All viruses were sensitive to zanamivir and one influenza A(H3N2) virus was resistant to oseltamivir. A total of 1,467 influenza A viruses (99.9%) were resistant to amantadine (Table 3).

Table 3. Antiviral resistance by influenza virus type and subtype, Canada, 2014-15

Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	955	1	953	0	1445	1444 (99.9%)
A (H1N1)	22	0	22	0	23	23 (100%)
B	821	0	820	0	NA[1]	NA[1]
TOTAL	1798	1	1795	0	1468	1467

[1]NA: Not Applicable

Influenza Strain Characterizations

During the 2014-2015 influenza season, the National Microbiology Laboratory (NML) has characterized 1,101 influenza viruses [209 A(H3N2), 21 A(H1N1) and 871 influenza B].

Influenza A (H3N2): When tested by hemagglutination inhibition (HI) assay (n=209), one virus was antigenically similar to A/Texas/50/2012, five showed reduced titers to A/Texas/50/2012 and 203 were antigenically similar to A/Switzerland/9715293/2013, which is the influenza A(H3N2) component recommended for the 2015 Southern Hemisphere influenza vaccine. Additionally, 1,211 A(H3N2) viruses were unable to be tested by HI assay; however, sequence analysis showed that 1,209 belonged to a genetic group that typically shows reduced titers to A/Texas/50/2012. **Influenza A(H1N1):** Twenty-one A(H1N1) viruses characterized were antigenically similar to A/California/7/2009. **Influenza B:** Of the 871 influenza B viruses characterized, 777 viruses were antigenically similar to B/Massachusetts/2/2012, three viruses showed reduced titers against B/Massachusetts/2/2012, and 91 were B/Brisbane/60/2008-like (Figure 4).

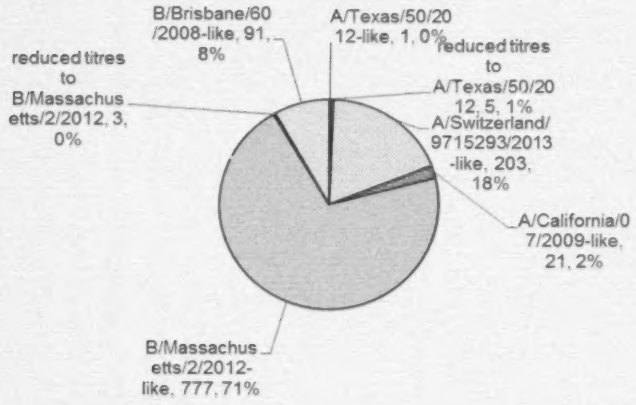

B/Brisbane/60 /2008-like, 91, 8%
A/Texas/50/20 12-like, 1, 0%
reduced titres to B/Massachus etts/2/2012, 3, 0%
reduced titres to A/Texas/50/20 12, 5, 1%
A/Switzerland/ 9715293/2013 -like, 203, 18%
A/California/0 7/2009-like, 21, 2%
B/Massachus etts/2/2012- like, 777, 71%

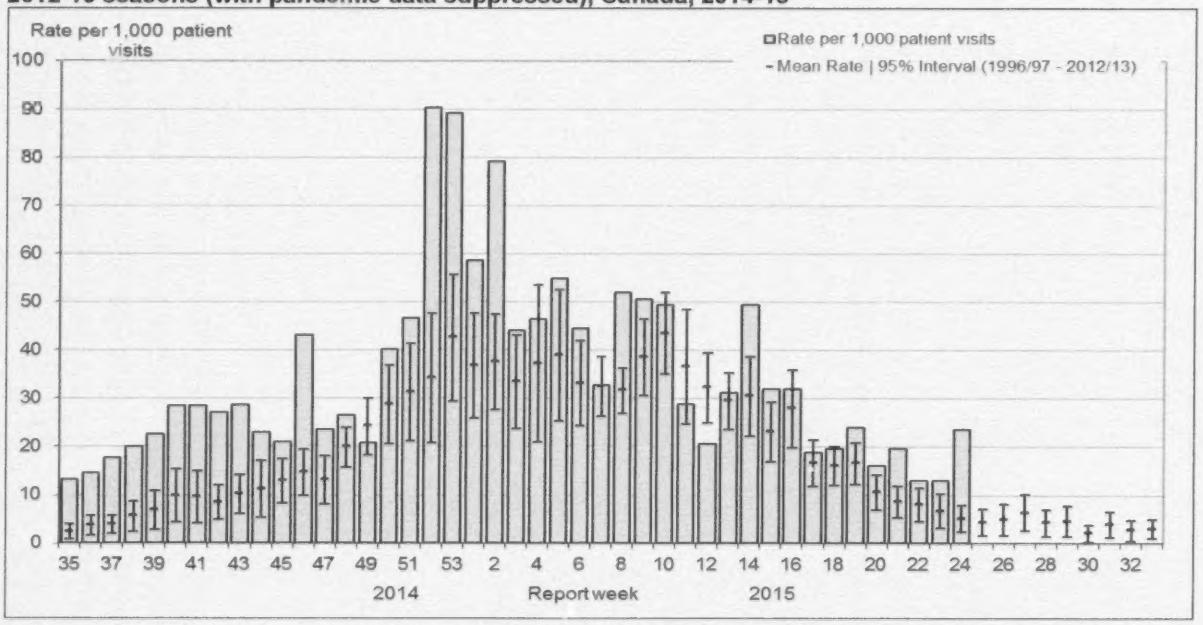
Figure 4. Influenza strain characterizations, Canada, 2014-15, N = 1,101

The NML receives a proportion of the number of influenza positive specimens from provincial laboratories for strain characterization and antiviral resistance testing. Characterization data reflect the results of haemagglutination inhibition (HAI) testing compared to the reference influenza strains recommended by WHO.

Influenza-like Illness Consultation Rate

The national influenza-like-illness (ILI) consultation rate increased from 12.9 consultations per 1,000 in week 23 to 23.6 consultations per 1,000 in week 24 (Figure 5).

Figure 5. Influenza-like-illness (ILI) consultation rates by report week, compared to the 1996-97 through to 2012-13 seasons (with pandemic data suppressed), Canada, 2014-15

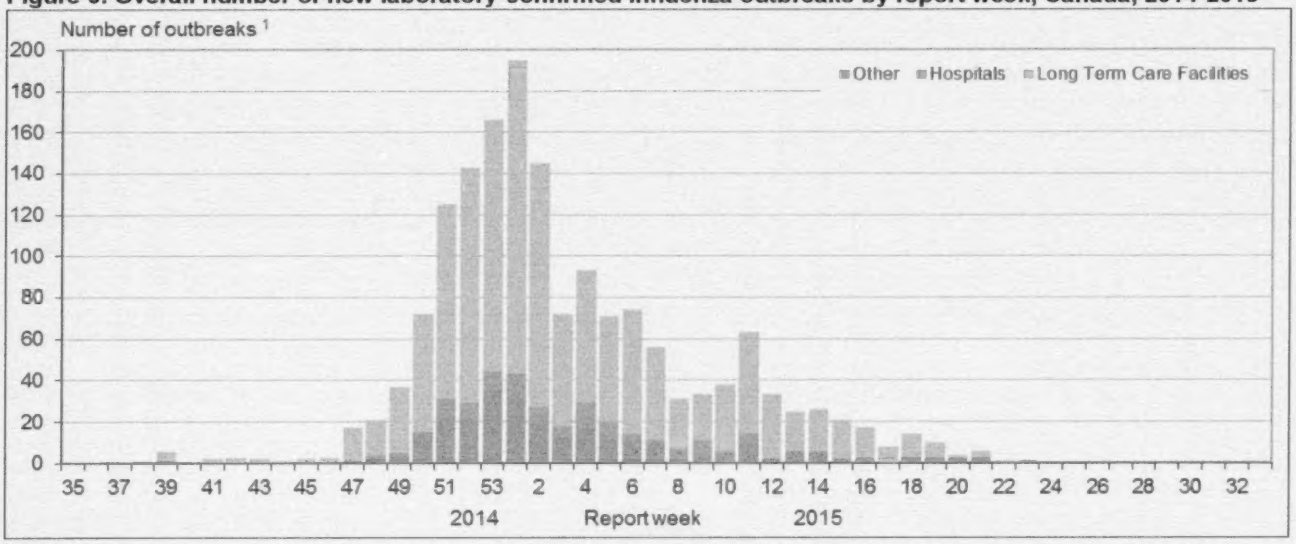


No data available for mean rate for weeks 19 to 39 for the 1996-1997 through 2002-2003 seasons. Delays in the reporting of data may cause data to change retrospectively. The calculation of the average ILI consultation rate over 17 seasons was aligned with influenza activity in each season. In BC, AB, and SK, data is compiled by a provincial sentinel surveillance program for reporting to FluWatch. Not all sentinel physicians report every week.

Influenza Outbreak Surveillance

In week 23, one new outbreak of influenza was reported and in week 24, no new outbreaks of influenza were reported (Figure 6). To date this season, 1,279 outbreaks in LTCFs have been reported and the majority of those with known subtypes were attributable to A(H3N2). There have been a higher number of reported influenza outbreaks to date this season compared to the same period in previous seasons.

Figure 6. Overall number of new laboratory-confirmed influenza outbreaks by report week, Canada, 2014-2015

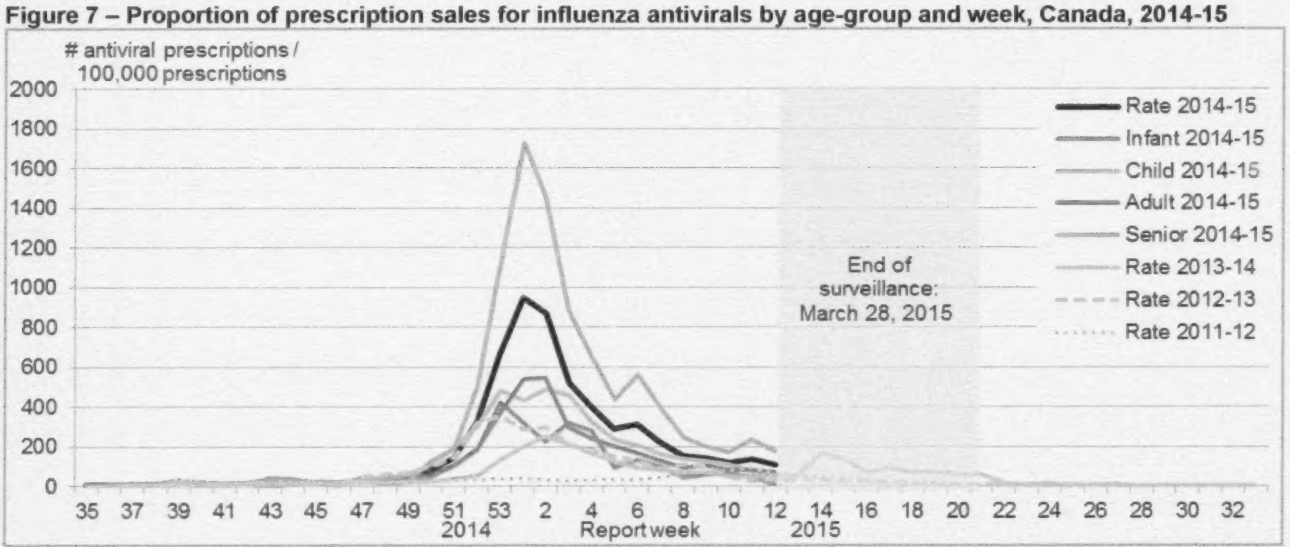


[1]All provinces and territories except NU report influenza outbreaks in long-term care facilities. All provinces and territories with the exception of NU and QC report outbreaks in hospitals. Outbreaks of influenza or influenza-like-illness in other facilities are reported to FluWatch but reporting varies between jurisdictions. Outbreak definitions are included at the end of the report.

Pharmacy Surveillance

Pharmacy surveillance for sales of influenza antivirals has ended for the 2014-2015 influenza season (Figure 7).

Figure 7 – Proportion of prescription sales for influenza antivirals by age-group and week, Canada, 2014-15



Note: Pharmacy sales data are provided to the Public Health Agency of Canada by Rx Canada Inc. and sourced from major retail drug chains representing over 2,500 stores nationwide (excluding Nunavut) in 85% of Health Regions. Data provided include the number of new antiviral prescriptions (for Tamiflu and Relenza) and the total number of new prescriptions dispensed by Province/Territory and age group. Age-groups: Infant: 0-2y, Child: 2-18y; Adult: 19-64y, Senior: ≥65y

Sentinel Hospital Influenza Surveillance

Paediatric Influenza Hospitalizations and Deaths (IMPACT)

In weeks 23 and 24, seven laboratory-confirmed influenza-associated paediatric (≤16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network. All but one case were influenza B (Figure 8a). Among the reported cases, two (29%) were <2 years of age, two (29%) were 2 to 9 years of age and three (42%) were 10 to 16 years of age. No ICU admissions were reported.

To date this season, 711 hospitalizations have been reported by the IMPACT network, 511 (72%) of which were cases of influenza A. Among cases for which the influenza A subtype was reported, 98% (163/166) were A(H3N2) (Table 4). To date, 96 cases were admitted to the ICU, of which 54 (56%) were 2 to 9 years of age (Figure 9a). A total of 62 ICU cases reported to have at least one underlying condition or comorbidity. Five deaths have been reported.

Note: The number of hospitalizations reported through IMPACT represents a subset of all influenza-associated paediatric hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Adult Influenza Hospitalizations and Deaths (CIRN)

Surveillance has ended for the 2014-2015 influenza season.

This season, 2,228 cases have been reported; 1,912 (86%) with influenza A. The majority of cases (81%) were among adults ≥65 years of age (Table 5). One hundred and seventy two ICU admissions have been reported and 128 cases were adults ≥65 years of age. Among the 172 ICU admissions, 27 were due to influenza B (12 in adults 45 to 64 years of age and 15 in adults over the age of 65). A total of 123 ICU cases (72%) reported to have at least one underlying condition or comorbidity. Of the 123 ICU cases with known immunization status, 40 (33%) reported not having been vaccinated this season. One hundred and thirty-five deaths have been reported, 124 (92%) of the deaths were adults >65 years of age (Figure 9B).

Note: The number of hospitalizations reported through PCIRN represents a subset of all influenza-associated adult hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Table 4 – Cumulative numbers of paediatric hospitalizations with influenza reported by the IMPACT network, Canada, 2014-15

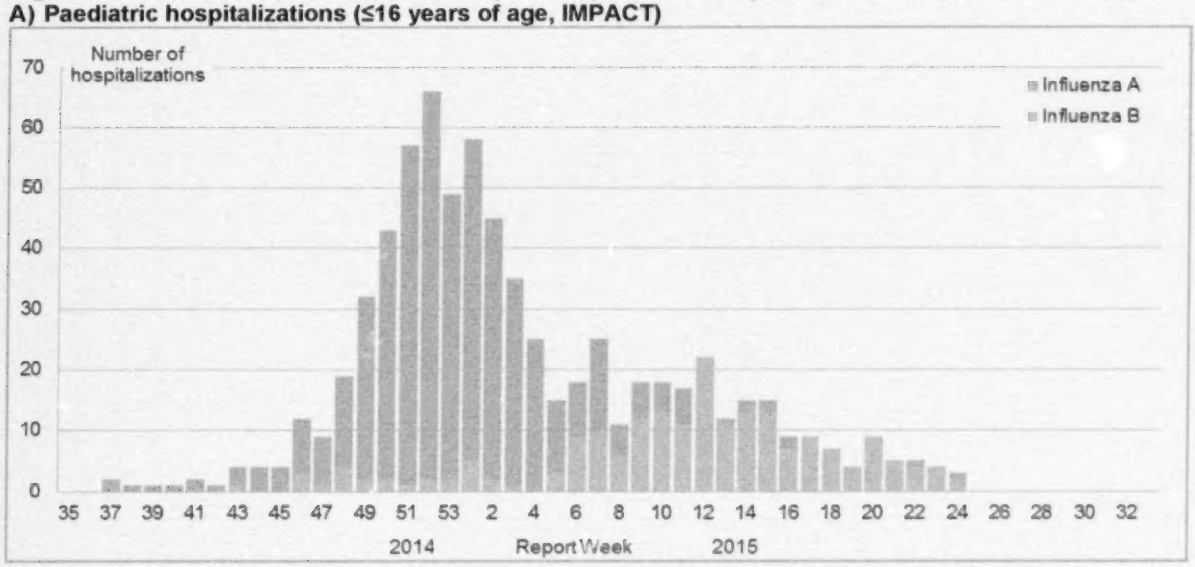
Age groups	Cumulative (24 Aug. 2014 to 20 June 2015)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-5m	84	0	19	65	16	100 (14.1%)
6-23m	115	2	36	77	44	159 (22.4%)
2-4y	123	1	39	83	51	174 (24.5%)
5-9y	129	0	44	85	53	182 (25.6%)
10-16y	60	0	25	35	36	96 (13.5%)
Total	511	3	163	345	200	711
% [1]	71.9%	0.6%	31.9%	67.5%	28.1%	100.0%

Table 5 – Cumulative numbers of adult hospitalizations with influenza reported by the PCIRN-SOS network, Canada, 2014-15

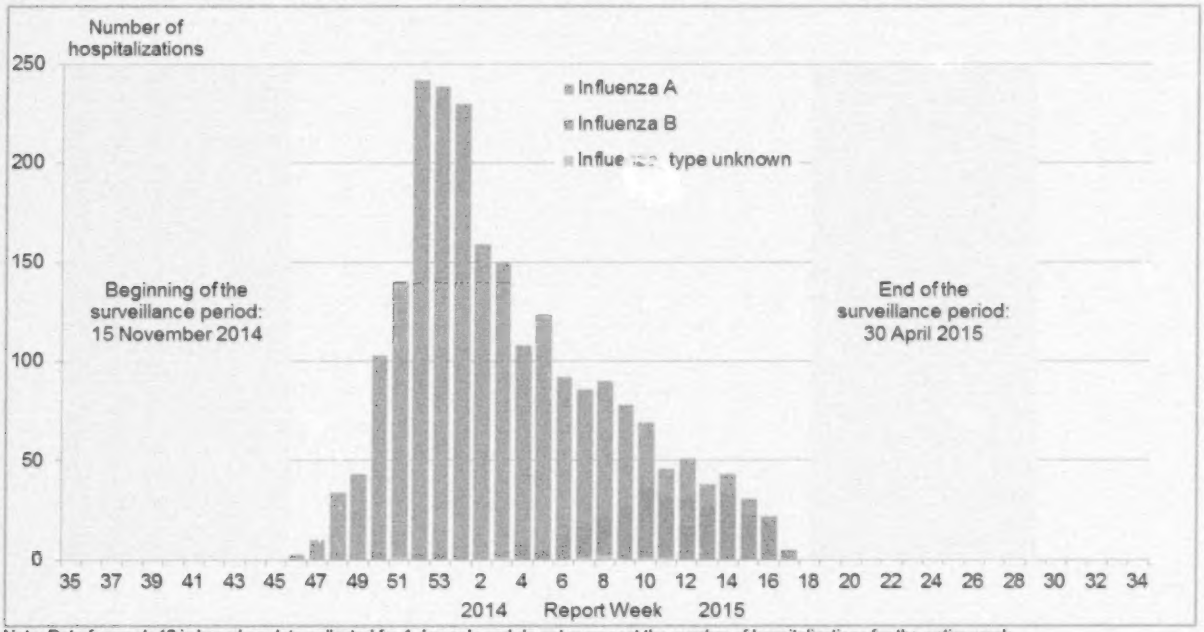
Age groups (years)	Cumulative (15 Nov. 2014 to 2 May 2015)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A(UnS)	Total	# (%)
16-20	3	0	1	2	1	4 (0.2%)
20-44	106	1	56	49	16	122 (5%)
45-64	217	3	99	115	76	293 (13%)
65+	1586	4	760	822	223	1809 (81%)
Total	1912	8	916	988	316	2228
%	86%	0.4%	48%	52%	14%	100%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections. UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Figure 8 – Number of cases of influenza reported by sentinel hospital networks, by week, Canada, 2014-15
A) Paediatric hospitalizations (≤16 years of age, IMPACT)



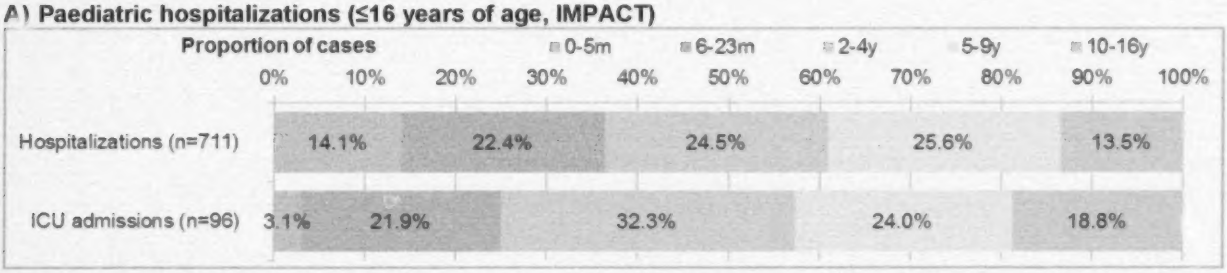
B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



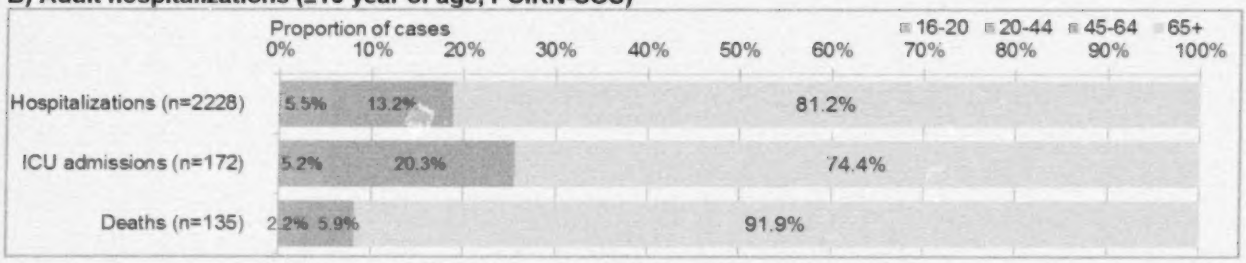
Note: Data for week 46 is based on data collected for 1 day only and do not represent the number of hospitalizations for the entire week.

Figure 9 – Percentage of hospitalizations, ICU admissions and deaths with influenza reported by age-group, Canada, 2014-15

A) Paediatric hospitalizations (≤16 years of age, IMPACT)



B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



Provincial/Territorial Influenza Hospitalizations and Deaths

In week 24, 49 laboratory-confirmed influenza-associated hospitalizations were reported from participating provinces and territories*. Of the 49 hospitalizations, 41 (84%) were due to influenza A and 36 (74%) were in patients ≥65 years of age.

Since the start of the 2014-15 season, 7,784 hospitalizations have been reported; 6,673 (86%) with influenza A. Among cases for which the subtype of influenza A was reported, 99.2% were A(H3N2). The majority of cases (70%) were ≥65 years of age (Table 6). A total of 394 ICU admissions have been reported to date: 52% (n=203) were in adults ≥65 years of age and 75% were due to influenza A. A total of 597 deaths have been reported since the start of the season: three children <5 years of age, five children 5-19 years, 45 adults 20-64 years, and 544 adults ≥65 years of age. Influenza A has been reported in 91% of deaths. Adults 65 years of age or older represent 91% of all deaths reported this season. Detailed clinical information (e.g. underlying medical conditions) is not known for these cases

* Note: Influenza-associated hospitalizations are not reported to PHAC by the following Provinces and Territory: BC, NU, and QC. Only hospitalizations that require intensive medical care are reported by Saskatchewan. ICU admissions are not distinguished among hospital admissions reported from Ontario. Data may also include cases reported by the IMPACT and PCIRN networks. The number of new influenza-associated hospitalizations and deaths reported for the current week may include cases from Ontario that occurred in previous weeks, as a result of retrospective updates to the cumulative total. It is important to note that the hospitalization or death does not have to be attributable to influenza, a positive laboratory test is sufficient for reporting.

Table 6 – Cumulative number of hospitalizations with influenza reported by the participating provinces and territories, Canada, 2014-15

Age groups (years)	Cumulative (24 Aug. 2014 to 20 June 2015)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-4	432	6	152	274	95	527 (7%)
5-19	285	2	136	147	117	402 (5%)
20-44	399	4	243	152	133	532 (7%)
45-64	642	10	281	351	159	801 (10%)
65+	4861	5	2316	2540	583	5444 (70%)
Unknown	54	0	51	3	24	78 (1%)
Total	6673	27	3179	3467	1111	7784
Percentage[1]	85.7%	0.4%	47.6%	52.0%	14.3%	100.0%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

See additional data on Reported Influenza Hospitalizations and Deaths in Canada: 2009-10 to 2014-15 on the Public Health Agency of Canada website.

Emerging Respiratory Pathogens

Human Avian Influenza

Influenza A(H7N9): Since the last FluWatch report, 15 new laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus were reported by the World Health Organization. Globally to June 25, 2015, the WHO reported a total of 672 laboratory-confirmed human cases with avian influenza A(H7N9) virus, including 230 deaths. Documents related to the public health risk of influenza A(H7N9), as well as guidance for health professionals and advice for the public is updated regularly on the following websites:

PHAC – Avian influenza A(H7N9)
WHO – Avian Influenza A(H7N9)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Since the last FluWatch report, 59 new laboratory-confirmed cases and 24 deaths of MERS-CoV have been reported by the World Health Organization. Since the last report, Thailand has reported its first case of MERS-CoV. Globally, from September 2012 to June 25, 2015, the WHO has reported a total of 1,348 laboratory-confirmed cases of infection with MERS-CoV, including 479 deaths. The public health risk posed by MERS-CoV in Canada remains low (see the PHAC Assessment of Public Health Risk) and for the latest global risk assessment posted by the WHO on June 3, 2015: WHO MERS-CoV

An outbreak is ongoing in the Republic of Korea originated from an individual who travelled to the Middle East (KSA, Qatar, UAE and Bahrain). This outbreak represents the largest nosocomial oubreak outbside the Middle East. As of June 25, 2015, a total of 180 cases have been confirmed. All cases have been reported in the Republic of Korea with the exception of one case reported in China. A total of 29 deaths have been reported due to this outbreak. Documents related to the public health risk of MERS-CoV, as well as guidance for health professionals and advice for the public is updated regularly on the following websites:

PHAC – Middle East respiratory syndrome coronavirus (MERS-CoV)
WHO – Coronavirus infections

International Influenza Reports

World Health Organization influenza update
World Health Organization FluNet
WHO Influenza at the human-animal interface
Centers for Disease Control and Prevention seasonal influenza report
European Centre for Disease Prevention and Control - epidemiological data
South Africa Influenza surveillance report
New Zealand Public Health Surveillance
Australia Influenza Report
Pan-American Health Organization Influenza Situation Report

FluWatch Definitions for the 2014-2015 Season

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

Influenza-like-illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

ILI/Influenza outbreaks

Schools: Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

Hospitals and residential institutions: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

Workplace: Greater than 10% absenteeism on any day which is most likely due to ILI.

Other settings: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.

Note that reporting of outbreaks of influenza/ILI from different types of facilities differs between jurisdictions.

Influenza/ILI Activity Levels

1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported

2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†

3 = Localized: (1) evidence of increased ILI* ;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region†**

4 = Widespread: (1) evidence of increased ILI*;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region†**

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

** More than just sporadic as determined by the provincial/territorial epidemiologist.*

† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.

This report is available on the Public Health Agency website at the following address: http://www.phac-aspc.gc.ca/fluwatch/index.html.

Ce rapport est disponible dans les deux langues officielles.